Pre-Authorized Payment For North Little Rock Electric Utility

Name:		Phone:
Address:		
		Zip Code:
Electric Account	Number:	
Financial Instituti	on:	
	State:	
_		hecking / savings account the amount of my te that deduction payable to North Little Rock
City Services. In	making this authorization	, I hereby authorize the financial institution
-		I by charging each payment to my account. I
_		s if it were an instrument personally signed by
		until revoked by me in writing. In addition, I
		arge by timely notification to my financial
		understand, however, that both the financial
	-	ees reserve the right to terminate this payment
plan (or my partic	,	
	Please enclose	a voided check
Date:	Signature:	
Return this form	to:	
North Little Rock P O Box 936 North Little Rock	•	

For more information please call 501-975-8888.